



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Michael Alston

18 Civ. 1764 (CM)

(In the space above enter the full name(s) of the plaintiff(s).)

**AMENDED
COMPLAINT**

-against-

Luis Garcia, Shield 17910, PSA 4
Jose Rodriguez, Shield 30523, PSA 4
Stephen Bartels, Shield 5351, PSA 4
Daniel Rodriguez, Shield 13736, PSA 4
Hassain Nabilah, A.D.A.,

Jury Trial: ☐ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Michael L Alston, Book case # 349-17-03705
Street Address 18-18 Hazen Street, East Elmhurst, New York, 11370,
County, City East Elmhurst, Queens, New York,
State & Zip Code New York (11370-zip).
Telephone Number

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name *Luis Garcia, Police Officer, Shield 17910, PSA4*
Street Address *8th Street, Ave C,*
County, City *Manhattan, New York City,*
State & Zip Code *10002, New York,*
Telephone Number

Defendant No. 2 Name *Jose Rodriguez, shield 30523, PSA 4, Police Officer.*
Street Address *8th Street, Ave C.*
County, City *Manhattan, New York City,*
State & Zip Code *New York, 10002*
Telephone Number

Defendant No. 3 Name *Stephen Bartels, shield 5351, Police Office, PSA4.*
Street Address *8th Street, Ave C.*
County, City *Manhattan, New York City,*
State & Zip Code *New York, 10002*
Telephone Number

Defendant No. 4 Name *Dahiel Rodriguez, Police Office, shield 13736, PSA4*
Street Address *8th Street, Ave C.*
County, City *Manhattan, New York City,*
State & Zip Code *New York, 10002*
Telephone Number

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? *Under 42 U.S.C §1983.*

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship

Defendant(s) state(s) of citizenship

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. Where did the events giving rise to your claim(s) occur?
Inside of 549 Roosevelt Drive, Apartment 9C, Hallway, And at 130 Avenue C, New York, NY, 10009.
- B. What date and approximate time did the events giving rise to your claim(s) occur?
September 22, 2016 at 9:46 pm, inside of 549 Roosevelt Drive, Apartment 9C Hallway. Also on April 11th 2017, at 7:23 pm, inside of the subway station at 130 Avenue C, New York, NY, 10009.
- C. Facts:

What happened to you?

Pain and Suffering, Emotional Trauma, distress and medical expenses. Plaintiff's Right to Due Process, both substantive and/or Procedural, was violated under the 5th & 14th Amendment of the U.S.-C.

Who did what?

Officer's Jose Rodriguez, Stephen Bartels, Daniel Rodriguez, engaged in a bias in discriminatory manner, During my arrest on September 22, 2016. Also Officer Luis Garcia & A.D.A Nabilah Hassain, engaged in malicious prosecution, and unlawful confinement. By acting outside the scope of their official authority. on April 11th 2017.

Was anyone else involved?

No one else was involved.

Who else saw what happened?

None.

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Pain and Suffering, Emotional Trauma, distress and medical expenses. Also I had a infection from a insect bite on my lower chine, that it takes 3 months to heal. That I Needed Medication for 3 months to properly heal. And injuries was sustain on my wrist during both arrested.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. I ask the Court for relief for Pain and Suffering, emotional distress and defamation of character in the amount of \$ 2.5 million dollars.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this ~~28th~~ ^{June} day of ~~MAY~~, 2018.

Signature of Plaintiff

Michael L Alston
Mailing Address 18-18 Hazen St, East Elmhurst,
New York, 11370,

Telephone Number (212) 722-0230, (212) 722-0330

Fax Number (if you have one) (212) 860-5640

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this 15th day of June, 2018, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Inmate Number

Michael L Alston
349-17-03705

Michael L. Alston, (349-17-08705)
8-18 HAZEN ST, EAST ELMHURST
NEW YORK, 11370, (AMC) (19 WEST LONERAA),

USMP3
SDNY

Pro Se

United States District Court
Southern District of New York
500 Pearl Street, New York, NY 10007-1312

NEW YORK NY 100

06 JUN 2018 PM 8 L

RECEIVED
CLERK'S OFFICE
87 N.Y.C.



10007-133099

